

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR PROTON PUMP INHIBITOR (PPI) DRUGS**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions (HCF 11078A).

Dispensing providers are required to have a completed PA/PDL for PPI Drugs form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a paper PA request.

SECTION I — RECIPIENT INFORMATION

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|---|------------------------------|
| 1. Name — Recipient (Last, First, Middle Initial) | 2. Date of Birth — Recipient |
| 3. Recipient Medicaid Identification Number | |

SECTION II — PRESCRIPTION INFORMATION

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|---|------------------------------------|
| 4. Drug Name | 5. Strength |
| 6. Date Prescription Written | 7. Directions for Use |
| 8. Diagnosis — Primary Code and / or Description (The diagnosis code must be one of the PPI-approved codes.*) | |
| 9. Name — Prescriber | 10. Drug Enforcement Agency Number |
| 11. Address — Prescriber (Street, City, State, Zip Code) | |
| 12. Telephone Number — Prescriber | |

SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX®

13. Has the recipient tried and failed or had an adverse drug reaction to Prilosec OTC®? ☐ Yes ☐ No
If yes, what adverse reaction has the recipient experienced that is attributed to Prilosec OTC®?
14. Is the recipient a pregnant woman? ☐ Yes ☐ No

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPI DRUGS

15. Has the recipient tried and failed or had an adverse drug reaction to Prilosec OTC® and Protonix®? ☐ Yes ☐ No
If yes, what adverse reactions did the recipient experience that is attributed to Prilosec OTC® and Protonix®?
16. Is the recipient a child who weighs less than 20 kilograms? ☐ Yes ☐ No

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|----------------------------|-----------------|
| 17. SIGNATURE — Prescriber | 18. Date Signed |
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SECTION IV — FOR DISPENSING PROVIDERS USING STAT-PA

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|---|---------------------|------------------------------|
| 19. National Drug Code (11 digits) | | 20. Days' Supply Requested** |
| 21. Wisconsin Medicaid Provider Identification Number (Eight digits) | | |
| 22. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to fourteen days in the past.) | | |
| 23. Place of Service (Patient Location) (Use patient location code "00" [Not specified], "01" [Home], "04" [Long Term / Extended Care], "07" [Skilled Care Facility], or "10" [Outpatient]) | | |
| 24. Assigned PA Number (Seven digits) | | |
| 25. Grant Date | 26. Expiration Date | 27. Number of Days Approved |

SECTION V — ADDITIONAL INFORMATION

28. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.

*PPI-approved codes are:

E9356 NSAID induced gastric ulcer
NSAID induced duodenal ulcer
04186 H. Pylori infection
2515 Zollinger-Ellison syndrome
53019 Erosive esophagitis
53081 Gastroesophageal reflux (GERD)
5368 Gastric hypersecretory conditions

** Days' supply requested equals the total number of days requested for the PA. For example, for a one-year PA, providers should enter "365."